COMBINED DI ARATION FOR PATENT APPLICATION APPLICATION APPLICATION APPLICATION APPLICATION POWER OF ATTORNEY (Includes Reference to PCT International Applications)

MAY 2 1 2011 2 2283/201

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my named and

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ALTERATION OF GROWTH AND ADAPTATION UNDER HYPOXIC CONDITIONS

the specifi	cation of which (check only	one item below):									
11	is attached hereto.										
[X]	was filed as U.S. Patent Application Serial No. 09/785,738 on February 16, 2001 and was amended on (if applicable).										
[]	was filed as PCT International Application Number on and was amended under PCT Article on (if applicable).										
	ate that I have reviewed and endment referred to above.	understand the contents of t	he above-identified specificat	cions, including the claims, as amended							
	edge the duty to disclose info ederal Regulations, § 1.56(a)		the patentability of this appl	ication in accordance with Title 37,							
certificate also identi at least on	or of any PCT international fied below any foreign appli	application(s) designating at cation(s) for patent or inven ed States of America filed b	t least one country other than tor's certificate or any PCT in	application(s) for patent or inventor's the United States listed below and have ternational application(s) designating ter having a filing date before that of							
PRIOR AI	PPLICATION(S) AND ANY	PRIORITY CLAIMS UNI	DER 35 U.S.C. 119:								
(IF I	COUNTRY PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119							
	USA	06/183,572	February 18, 2000	[X] YES[] NO							
				[]YES[]NO							
				[]YES[]NO							
				[]YES[]NO							
				[]YES[]NO							
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				[]YES[]NO							
				[]YES[]NO							

COMBINED CLARATION FOR PATIENT OWER OF ATTORNEY (Continued) APPLICATION AND (Includes Reference to PCT International Applications)

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TORNEY'S DOCKET NUMBER 2283/201

hereby claim the benefit under Title 35, United States Code, § 120 of any United States application of PCT international application(s) designating the United States of America that is/are listed below and, insofar as the thing manufacture that claims of this application is no disclosed in that/those prior application(s) in the manner provided by the first paragraph. This 35, United States Code, § 112, I acknowledge each of the claims of this application is not the duty to disclose material information as defined in Title 37, Code of Pederal Regulations, § 1.56(a) Which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT

	U.S. APPLICATIONS			STATUS (Check One)					
U.S. APPLICATION NUMBER			U.S. FILING DATE PATE		NTED	PENDING	ABANDONEI		
_	PCT API	LICATIONS DESIGN	ATING THE	⊇ U.S.					
PCT APPLICATION NO.				ERIAL NUMBERS ONED (if any)			·		
Reg Geo	lication and transact a 34,697; Michael L. G stration No. 34,097;		and Tradem No. 30,727; Registratio Y. Chol, Rekalaky, Esq. EABODY LI	ark Office connected to Joseph M. Noto, Reg in No. 35,584; Edwin egistration No. 45,758	herewith gistration V. Merke	Ann R No. 32 el, Regis Direct Ann R	t. Pokalsky, Re ,163; Grant R.	gistration Pollack, ,087; to:	
FULL NAME FAMILY NAME				FIRST GIVEN NAMI	E	1	COND GIVEN	NAME	
2 0 1	OF INVENTOR RESIDENCE & CITIZENSHIP	Sauter CITY Homburg		Margret STATE/FOREIGN COUNTRY Germany		CO	COUNTRY OF CITIZENSHIP Germany		
	POST OFFICE ADDRESS	P.Ö. ADDRESS Kalckrauthweg 93		CITY Hamburg		Ge	STATE & ZIP CODE/COUNTRY Germany		
	FULL NAME OF INVENTOR	NVENTOR Lorbiecke		FIRST GIVEN NAME Repé			COND GIVEN		
0 2	RESIDENCE & CITIZENSHIP	CITY Hamburg		STATE/FOREIGN COUNTRY Cermany		Ge	COUNTRY OF CITIZENSHIP Germany		
	POST OFFICE ADDRESS	P.O. ADDRESS Ottoweg 15		CITY Hamburg		Ge	STATE & ZIP CODE/COUNTRY Germany		
	FULL NAME OF INVENTOR	PAMILY NAMB		FIRST GIVEN NAME			COND GIVEN		
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oc t	CITIZENSHIP POST OFFICE ADDRESS reby declare that all state rue; and further that thes	ements made herein of my e statements were made w er action 1001 of Title 18	ith the knowle	ge are true and that all stoodge that willful false star	iements an	nade on i	nformation and b	elicf are balieved in the bali	

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